

Report Number:
CTX30500C9

State of Maryland Motor Vehicle Crash Report

Reporting Agency:
OCEAN CITY POLICE DEPARTMENT

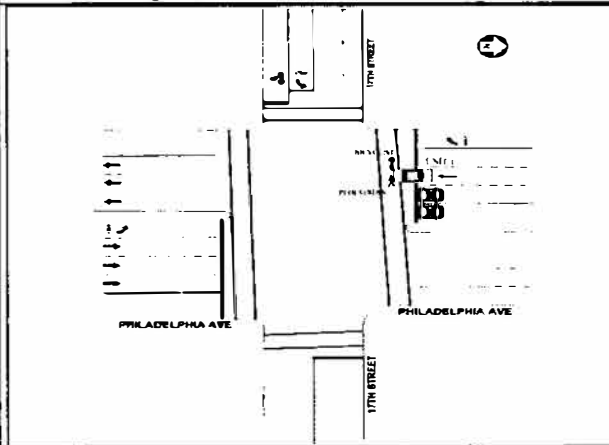
Case Information:

Report Type: Injury Crash	County: Worcester	Municipality: N/A
Local Case No.: [REDACTED]	Local Codes: 114	Crash Date: 7/26/2022
Investigating Officer: PFC C. Goggins - X305	Crash Time: 12:13 PM	<input type="checkbox"/> Photos Taken

Location:

GPS X-Coordinates: -75.07936116906119	GPS Y-Coordinates: 38.34719461201564
Main Road: PHILADELPHIA AVE	Route #: MD528
Intersecting Road: 17TH ST	Intersecting Route #: MU9105
Mile Point: 7.44	Mile Point Direction: S
Distance: 0 F	Distance Direction: S

Accident Diagram:



Narrative:

UNIT 1 WAS TRAVELING SOUTH ON PHILADELPHIA IN LANE 2 APPROACHING 17TH ST. THE TRAFFIC LIGHT AT 17TH ST WAS NOT FUNCTIONING PROPERLY. NORTH AND SOUTHBOUND LANES WERE FLASHING YELLOW, EAST AND WESTBOUND WERE FLASHING RED. PEDESTRIAN SIGNAL WAS NOT FUNCTIONING AT ALL. PEDESTRIAN AND BICYCLIST WERE CROSSING WESTBOUND IN THE NORTH CROSSWALK. WITNESS STATES THAT PEDESTRIAN WAS ACTIVELY LOOKING DOWN AT HER PHONE AS SHE CROSSED. VEHICLES IN THE SOUTHBOUND TURN LANE AND LANE 1 STOPPED. PEDESTRIAN AND BICYCLIST STEPPED OUT INTO LANE 2 DIRECTLY IN FRONT OF UNIT 1, WHO DID NOT HAVE TIME TO STOP PRIOR TO THE COLLISION. UNIT 1 STRUCK THE BACK TIRE OF THE BICYCLE, AND STRUCK THE PEDESTRIAN.

Crash Type:

Collision Type: Other	Harmful Event Two: Bicycle
Harmful Event One: Pedestrian	School Bus Involved: Not Involved
Fixed Object Struck: N/A	Const./Maint. Loc.:
Const./Maint. Zone: No	Const./Maint. Closure:
Workers Present: 	

Road/Area:

Lane No.: 2	Lane Dir.: S	Lane Type:
No. of Lanes: 4	Rd. Alignment: Straight	Rd. Grade: Level
Rd. Division: Two-Way, Divided, Positive Median Barrier	Traffic Control: Flashing Traffic Signal	TC Functioning: No
Intersection: Four-Way Intersection	Inter. Area: N/A	
Junction: Intersection		

Conditions:

Road Condition: No Defects	Contrib - Road: Traffic Control Device Inoperative
Weather: Cloudy	Contrib - Environment: N/A
Surface Condition: Dry	Light: Daylight

EXHIBIT

B

tabbles

Vehicle 1 (6DT3234):**Basic Information**

Registration: **6DT3234** Tag State: **MD** Exp Year: **2023** VIN #: **1C4RDJEG3KC807038**
 Year: **2019** Make: **DODGE** Model: **DURANGO** Body Type: **Sport Utility Vehicle**
 Insurer: **STATE FARM** Policy #: **400460620**
 Towed Vehicle: **N/A**

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: **GENNA** Middle: **LEIGH ROSE** Last: **WEEKS**
 Street: **10624 GRIFFIN RD** Home Phone: **(484) 643-6238**
 City: **BERLIN** State: **MD** Zip: **21811** Other Phone:

Driver:

DL#: **W200275744542** DL State: **MD** DL Class: **C** CDL: **No**
 First: **GENNA** Middle: **LEIGH ROSE** Last: **WEEKS**
 Street: **10624 GRIFFIN RD**
 City: **BERLIN** State: **MD** Zip: **21811** Home Phone: **(484) 643-6238**
 DOB: **7/8/1994** Sex: **F** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
 Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
 Injury Severity: **No Apparent Injury** EMS Unit: EMS Run Number:

Impact & Damage

First Impact: **Twelve O'clock** Areas Damaged: **Twelve O'clock**
 Main Impact: **Twelve O'clock**
 Most Harmful Event: **Pedestrian**
 Damage Extent: **Superficial**

Fire: **No****Circumstances**

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Moving Constant Speed** Speed Limit:
 Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **35**
 Special Function: **N/A**

Contrib. Circumstances Person: **N/A**

Driver Distracted By: **Distracted By Outside Person
Object Or Event**

Contrib. Circumstances Vehicle: **N/A**Sequence of Events: **Struck Non-Motorist, Struck Non-Motorist****Towing**

Towed: **No** Removed By: Removed To:

END - Vehicle 1 (6DT3234)

Non-Motorist YILDIRAL ELIF:

DL#: DL State: DL Class:
 First: **ELIF** Middle: **NUR** Last: **YILDIRAL**
 Street: **500 S PHILADELPHIA AVE**
 City: **OCEAN CITY** State: **MD** Zip: **21842** Home Phone: **(443) 856-5815**
 DOB: **03/02/2000** Sex: **F** Other Phone:

Citation Issued: **No** Citation Code:

Type: **Bicyclist** Condition: **Apparently Normal** At Fault: **Yes**
 Safety Equip.: **None** Injury Severity: **No Apparent Injury**
 EMS Unit: EMS Run Number:

Alch. Test Given: **N/A** Alch. Test Type: BAC:
 Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Unit (Vehicle) Number that Struck: **1** Movement: **Cross/Enter At Intersection**
 Location: **On Roadway At Crosswalk** Visibility: **Mixed Clothing**
 Obey Traffic Signal: **Ped. Signal Malfunction** Actions: **Failure To Yield Right Of Way**

Non-Motorist IACOBETI ANDREA:

DL#: DL State: DL Class:
 First: **ANDREA** Middle: Last: **IACOBETI**
 Street: **10013 BONITA DR**
 City: **OCEAN CITY** State: **MD** Zip: **21842** Home Phone: **(443) 669-7766**
 DOB: **06/10/2002** Sex: **F** Other Phone:

Citation Issued: **No** Citation Code:

Type: **Pedestrian** Condition: **Apparently Normal** At Fault: **Yes**
 Safety Equip.: **None** Injury Severity: **Suspected Minor Injury**
 EMS Unit: **A** EMS Run Number: **22-03714**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
 Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Unit (Vehicle) Number that Struck: **1** Movement: **Cross/Enter At Intersection**
 Location: **On Roadway At Crosswalk** Visibility: **Mixed Clothing**
 Obey Traffic Signal: **Ped. Signal Malfunction** Actions: **Inattentive**

Witness (BEEGLE, CHARLES):

First: **CHARLES**

Middle: **M**

Last: **BEEGLE**

Street: **1567 VETERANS MEMORIAL HWY**

City: **ALTOONA**

State: **Pa**

Zip: **16601**

Home Phone: **(814) 330-2794**

Other Phone:

EMS Unit A (OCEAN CITY EMS):	
EMS Type: Ground Transport	Taken to: TIDAL HEALTH